

<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">D</div> <div>CLAIMS ONLY</div> </div>							Application Number <div style="font-size: 1.2em; font-family: cursive;">16/044407</div>		Filing Date 				
Applicant(s)													
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
								Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2							52						
3							53						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	10						Total Depend						
Total Claims	12						Total Claims						